

**WAIVER AND RELEASE FROM LIABILITY FOR PARTICIPATION IN
EXTRACURRICULAR SPORTS/ACTIVITIES**

NAME OF ACTIVITY: _____

I, the undersigned father/mother/guardian of _____, a child, do hereby give permission for my son/daughter _____ to participate in extracurricular sports and activities (“Extracurricular Sports”) at South Shore Charter Public School (the “School”). I understand that it is my responsibility as a parent/guardian to notify the School if my child has a medical condition of which the School should be aware.

Release. I do hereby consent to my child’s participation in voluntary Extracurricular Sports and do forever RELEASE, acquit, discharge, and covenant to hold harmless the School and its successors, and their departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses, and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent or guardian of said child, and also all claims or right of action for damages which said child has or hereafter may acquire, either before or after s/he has reached the age of majority, that result from his/her participation in the School’s Extracurricular Sports.

FURTHERMORE, I hereby agree to protect the School and its successors, and their departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said child growing out of or resulting from injury to said child in connection with his/her participation in the School’s Extracurricular Sports, and to INDEMNIFY, reimburse or make good to the School or its successors, or their departments, officers, employees, servants and agents any loss or damage or costs, including attorneys’ fees, the School or its representatives may have to pay if any litigation arises from said child’s intentional, grossly negligent or reckless acts or omissions while participating in said Extracurricular Sports.

Notice of Risk. I understand that participation in Extracurricular Sports is purely voluntary. I further understand that there are risks and dangers inherent in sports activities, including the risk of serious or permanent injury, concussion, or death. Instructions given by the School coach or volunteer in charge of the extracurricular activity must be followed.

Transportation. My child may be accompanied and transported by the School, including its coaches, employees, and/or contracted transportation services, to practices and away games; however, neither the School nor its employees and agents assume any liability by such accompaniment or transportation or for any injuries or damages that occur while traveling to or from the venue or during the time in attendance at or participating in the sporting activity.

In the event of an emergency, I grant permission to the School to transport my child to a hospital/after-hours clinic for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. As the parent/legal guardian, I give full authorization to the School to secure medical care and/or treatment for my child. This treatment may include but not be

limited to assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined in the sole discretion by the School.

In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical provider(s) to hospitalize and/or administer the appropriate treatment deemed medically necessary. I further agree that the School, and its employees and agents, will not be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. This authorization shall remain effective until my child is no longer a student at the School.

Release of Medical Information. By signing below, I authorize the School employee or volunteer in charge of the extracurricular activity to disclose to the appropriate School employees any medical information herein provided concerning conditions that may require special or emergency medical treatment. I understand that this information shall be disclosed for the sole purpose of aiding those persons in obtaining and assisting in the provision of medical treatment for my child. I also give permission for this Permission Slip, including the Medical History portion, to be released to other appropriate health care providers who may need this information in order to treat my child in a medical emergency.

PARENT SIGNATURE

My signature confirms that my son/daughter has my permission to participate in _____ [insert sport]. It also certifies that, to the best of my knowledge, my child is able to participate in any physical activities pertaining to _____ [insert sport], including practices and other training. I have read this document, I understand its contents, and I agree to its terms.

Signature(s) of Parent(s) or Guardian(s)

Date

Relationship

STUDENT SIGNATURE

I have read the foregoing Waiver and Release from Liability and understand its content. I am aware that this is a release of liability and sign it of my own free will, on my own behalf.

Signature of Student (required if 18 or over)

INFORMATION FOR CONSENT FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ EMERGENCY PHONE: _____

Does your child have any current medical problems or allergies? (YES/NO)

If YES, please explain: _____

Is your child on any medication(s)? (YES/NO). If so, please list the medications and provide instructions for administering: _____

CHILD'S DOCTOR: _____ PHONE NUMBER: _____